

Improving the Outpatient Coding Process – Best Business Practice,  
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The first thing we did to improve the outpatient coding process was design "superbills" for the clinics. This has been an ongoing project and is constantly changing because of the continuous turnover of providers. Four contract data entry clerks were hired in order to ensure the providers wouldn't have to enter information into the ADS/KG-ADS system. All clinics send their input to these clerks. All coding requirements come to the Medical Record Administration Branch for coding (MRAB). We have received a lot of cooperation from the clinics and they now perform their End-of-Day closeout religiously. This has been due to command emphasis and support.

We then set up a contract with 3M. 3M installed a learning package which was used by all coders (the same package that MEDCOM is now offering to coders and providers). This contract provides the coders with certificates of completion. We also contracted with 3M and have been using their outpatient CodeFinder. This package includes Coding Clinic and various other necessary references for coders that have proven invaluable. The facility is now into their second year of the 3M outpatient CodeFinder.

We also contracted with MedLearn who came to Winn ACH for a week and trained providers in E&M coding. These sessions were required for providers. The number of sessions were determined the size of the service, i. e., Family Practice had the largest so they set up three sessions for them, each lasting 2 hours. The sessions were provided away from the hospital to get the providers away from the clinics. The training was received favorably from the providers as well as by the command staff.

In addition, we are doing very intense reviews of the TPCP documentation before it goes to the Business Office for claim prep.

We also keep statistics on every phase of our reviews and the Data Quality Management Control Program (DQMCP) and the Command watch everything closely.

The plan for the newly funded coders is to place them in the clinics with the providers. This will provide the physicians on-site coding assistance, improve communication and help improve team efforts between the coders and physicians. We believe that our success has been due to the constant interaction between coders and providers. The providers know they can come to us for questions and we go out of our way to help them.